

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT** ▼Example: If typing, type
over the lines

Minnesota Life Insurance Company PAC

ADDRESS (number and street)

400 Robert Street North

☐Check if different
than previously
reported. (ACC)

St Paul

MN

55101

2. **FEC IDENTIFICATION NUMBER** ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00120006

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☒January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

1 1

2 8

2 0 0 6

through

1 2

3 1

2 0 0 6

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Allen Peterson

Signature of Treasurer

Electronically Filed by Allen Peterson

Date

0 1

0 5

2 0 0 7

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Minnesota Life Insurance Company PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	1	2	8	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		17440.44
(b) Cash on Hand at Beginning of Reporting Period	6815.44	
(c) Total Receipts (from Line 19)	845.00	10220.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	7660.44	27660.44
7. Total Disbursements (from Line 31)	0.00	20000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	7660.44	7660.44
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Minnesota Life Insurance Company PAC

Report Covering the Period:

From:

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	815.00	6090.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	30.00	4130.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	845.00	10220.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	845.00	10220.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	845.00	10220.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	845.00	10220.00

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		0.00	20000.00
24. Independent Expenditure (use Schedule E)		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs)		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		0.00	0.00
29. Other Disbursements.....		0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share		0.00	0.00
(ii) "Levin" Share		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		0.00	20000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		0.00	20000.00

DETAILED SUMMARY PAGE

of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	845.00	10220.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	845.00	10220.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Minnesota Life Insurance Company PAC

A. Full Name (Last, First, Middle Initial) Paul Anderson		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 400 Robert Street North		Transaction ID: SA11A1.5469
City St Paul	State MN	Zip Code 55101
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Minnesota Life Insurance Company	Occupation Vice President	monthly payroll deduction \$30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

B. Full Name (Last, First, Middle Initial) Barbara Baumann		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 400 Robert Street North		Transaction ID: SA11A1.5470
City St Paul	State MN	Zip Code 55101
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Minnesota Life Insurance Co	Occupation Second Vice President	monthly payroll deduction \$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

C. Full Name (Last, First, Middle Initial) George Connolly		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 400 Robert Street North		Transaction ID: SA11A1.5473
City St Paul	State MN	Zip Code 55101
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Minnesota Life Insurance Co	Occupation Vice President	monthly payroll deduction \$50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Minnesota Life Insurance Company PAC

A. Full Name (Last, First, Middle Initial)

Jenean Cordon

Mailing Address 400 Robert Street North

City State Zip Code
 St Paul MN 55101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Minnesota Life Insurance
Company

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: SA11A1.5474

Amount of Each Receipt this Period

40.00

monthly payroll deduction
\$40.00

B. Full Name (Last, First, Middle Initial)

Guy deLambert

Mailing Address 400 Robert Street North

City State Zip Code
 St Paul MN 55101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Minnesota Life Insurance
Company

Occupation
Second Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: SA11A1.5475

Amount of Each Receipt this Period

40.00

monthly payroll deduction
\$40.00

C. Full Name (Last, First, Middle Initial)

Jean Delaney Nelson

Mailing Address 400 Robert Street North

City State Zip Code
 St Paul MN 55101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Minnesota Life Insurance
Company

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: SA11A1.5476

Amount of Each Receipt this Period

40.00

monthly payroll deduction
\$40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Minnesota Life Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

Sue Ebertz

Mailing Address 400 Robert Street North

City State Zip Code
 St Paul MN 55101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Minnesota Life Insurance
Company

Occupation
Second Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: SA11A1.5477

Amount of Each Receipt this Period

40.00

monthly payroll deduction
\$40.00

B.

Full Name (Last, First, Middle Initial)

George Fremder

Mailing Address 400 Robert Street North

City State Zip Code
 St Paul MN 55101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Minnesota Life Insurance
Company

Occupation
Second Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: SA11A1.5478

Amount of Each Receipt this Period

40.00

monthly payroll deduction
\$40.00

C.

Full Name (Last, First, Middle Initial)

Craig Frisvold

Mailing Address 400 Robert Street North

City State Zip Code
 St Paul MN 55101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Minnesota Life Insurance
Company

Occupation
Second Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: SA11A1.5479

Amount of Each Receipt this Period

20.00

monthly payroll deduction
\$20.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Minnesota Life Insurance Company PAC

A. Full Name (Last, First, Middle Initial) Mark Green Mailing Address 400 Robert Street North City State Zip Code St Paul MN 55101 FEC ID number of contributing federal political committee. C Name of Employer Minnesota Life Insurance Company Occupation Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00			Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: SA11A1.5480 Amount of Each Receipt this Period 20.00 monthly payroll deduction \$20.00
B. Full Name (Last, First, Middle Initial) Thomas Gustafson Mailing Address 400 Robert Street North City State Zip Code St Paul MN 55101 FEC ID number of contributing federal political committee. C Name of Employer Minnesota Life Insurance Company Occupation Second Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00			Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: SA11A1.5481 Amount of Each Receipt this Period 20.00 monthly payroll deduction \$20.00
C. Full Name (Last, First, Middle Initial) Greg Hammerly Mailing Address 400 Robert Street North City State Zip Code St Paul MN 55101 FEC ID number of contributing federal political committee. C Name of Employer Minnesota Life Insurance Company Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00			Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: SA11A1.5482 Amount of Each Receipt this Period 20.00 monthly payroll deduction \$20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 14

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Minnesota Life Insurance Company PAC

A. Full Name (Last, First, Middle Initial)

Paul Hirschboeck

Mailing Address 400 Robert Street North

City State Zip Code
 St Paul MN 55101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Minnesota Life Insurance
Company

Occupation
Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: SA11A1.5483

Amount of Each Receipt this Period

20.00

monthly payroll deduction
\$20.00

B. Full Name (Last, First, Middle Initial)

Gary Kleist

Mailing Address 400 Robert Street North

City State Zip Code
 St Paul MN 55101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Minnesota Life Insurance
Company

Occupation
Second Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: SA11A1.5484

Amount of Each Receipt this Period

40.00

monthly payroll deduction
\$40.00

C. Full Name (Last, First, Middle Initial)

Dave LePlavy

Mailing Address 400 Robert Street North

City State Zip Code
 St Paul MN 55101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Minnesota Life Insurance
Company

Occupation
Second Vice President & Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: SA11A1.5485

Amount of Each Receipt this Period

20.00

monthly payroll deduction
\$20.00

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 14

(check only one)

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NAME OF COMMITTEE (In Full)

Minnesota Life Insurance Company PAC

A. Full Name (Last, First, Middle Initial)

Catherine McCarty

Mailing Address 400 Robert Street North

City State Zip Code
 St Paul MN 55101

FEC ID number of contributing federal political committee.

C

Name of Employer
Minnesota Life Insurance
CompanyOccupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: SA11A1.5487

Amount of Each Receipt this Period

40.00

monthly payroll deduction
\$40.00

B. Full Name (Last, First, Middle Initial)

Lynne Mills

Mailing Address 400 Robert Street North

City State Zip Code
 St Paul MN 55101

FEC ID number of contributing federal political committee.

C

Name of Employer
Minnesota Life Insurance
CompanyOccupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: SA11A1.5488

Amount of Each Receipt this Period

40.00

monthly payroll deduction
\$40.00

C. Full Name (Last, First, Middle Initial)

Robert Olafson

Mailing Address 400 Robert Street North

City State Zip Code
 St Paul MN 55101

FEC ID number of contributing federal political committee.

C

Name of Employer
Minnesota Life Insurance
CompanyOccupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: SA11A1.5489

Amount of Each Receipt this Period

50.00

monthly payroll deduction
\$50.00

SUBTOTAL of Receipts This Page (optional)

130.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 14

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Minnesota Life Insurance Company PAC

A. Full Name (Last, First, Middle Initial) Dianne Orbison Mailing Address 400 Robert Street North City State Zip Code St Paul MN 55101 FEC ID number of contributing federal political committee. C Name of Employer Minnesota Life Insurance Company Occupation Senior Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00			Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: SA11A1.5490 Amount of Each Receipt this Period 40.00 monthly payroll deduction \$40.00
B. Full Name (Last, First, Middle Initial) Kathy Pinkett Mailing Address 400 Robert Street North City State Zip Code St Paul MN 55101 FEC ID number of contributing federal political committee. C Name of Employer Minnesota Life Insurance Company Occupation Second Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00			Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: SA11A1.5491 Amount of Each Receipt this Period 20.00 monthly payroll deduction \$20.00
C. Full Name (Last, First, Middle Initial) Paul Rudeen Mailing Address 400 Robert Street North City State Zip Code St Paul MN 55101 FEC ID number of contributing federal political committee. C Name of Employer Minnesota Life Insurance Company Occupation Actuary Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00			Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: SA11A1.5492 Amount of Each Receipt this Period 20.00 monthly payroll deduction \$20.00

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 14

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Minnesota Life Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

Bruce Shay

Mailing Address 400 Robert Street North

City State Zip Code
 St Paul MN 55101

FEC ID number of contributing federal political committee.

C

Name of Employer
Minnesota Life Insurance CoOccupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: SA11A1.5493

Amount of Each Receipt this Period

40.00

monthly payroll deduction
\$40.00

B.

Full Name (Last, First, Middle Initial)

Mary Anne Smith

Mailing Address 400 Robert Street North

City State Zip Code
 St Paul MN 55101

FEC ID number of contributing federal political committee.

C

Name of Employer
Minnesota Life Insurance CompanyOccupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: SA11A1.5494

Amount of Each Receipt this Period

25.00

monthly payroll deduction
\$25.00

C.

Full Name (Last, First, Middle Initial)

Anthony Thomas

Mailing Address 400 Robert Street North

City State Zip Code
 St Paul MN 55101

FEC ID number of contributing federal political committee.

C

Name of Employer
Minnesota Life Insurance CompanyOccupation
Second Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: SA11A1.5495

Amount of Each Receipt this Period

40.00

monthly payroll deduction
\$40.00

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 14

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Minnesota Life Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

Nancy Winter

Mailing Address 400 Robert Street North

City State Zip Code
 St Paul MN 55101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Minnesota Life Insurance
Company

Occupation
Second Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: SA11A1.5496

Amount of Each Receipt this Period

40.00

monthly payroll deduction
 \$40.00

SUBTOTAL of Receipts This Page (optional)

40.00

TOTAL This Period (last page this line number only)

815.00